

BOILER & PRESSURE VESSEL SAFETY SECTION
302 West Washington Street Room W246
Indianapolis Indiana 46204
(317) 232-1921



Date Of Request	Name of Insuring Agency
Name Of Authorized Inspector	
Address To Which This Form Should be Returned	
Owners Name	
Owners Mailing Address	
Location Name	
Location Address	
Contact Name	Contact Telephone Number

Please Leave These Columns Blank
They Are for **BPV Div. Use Only**

For Code violations, or adverse conditions, use reverse or attach additional sheets or reports.

[illegible]

This 'Request for First Inspection' form **cannot** be used to Notify the BPV Division of New, Cancelled or Suspended insurance risks, as referenced at 680 IAC 2-3-13. A seperate form or forms must be completed to serve as that notification, and a specific Indiana registration number must be referenced for each vessel listed on that seperate form. Notification as required at 680 IAC 2-3-13 cannot be accepted unless it specifically references the Indiana registration number for each vessel it is intended to reference.